

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

42290

State File No. 10616

318

1003

Registrar's No. 10616

|   |  |   |  |  |  |  |   |   |  |
|---|--|---|--|--|--|--|---|---|--|
| BIRTH NO.   |  | REG. DIST. NO.  |  | PRIMARY REG. DIST. NO.   |  | State File No. 42290   |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri                                |  |  |   | b. COUNTY Jefferson   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis, Mo.  |  |   | c. LENGTH OF STAY (In this place)                |  | c. CITY OR TOWN Imperial   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>BARNES HOSPITAL  |  |   |  | e. STREET ADDRESS (If rural, give location)<br>Rt. 2, Box 473  |  |  |   | O-5111  |  |
| 3. NAME OF DECEASED<br>a. (First) Joseph  |  |   | b. (Middle) M.                                   |  | c. (Last) Kountzman Sr.  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Dec. 2, 1955   |   |  |
| 5. SEX male   |  | 6. COLOR OR RACE white  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married   |  | 8. DATE OF BIRTH Dec. 11, 1891   |   | 9. AGE (In years last birthday) 63  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Mech. Engineer   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Cupples Co. |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Mo.             |  |   | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13a. FATHER'S NAME<br>Clement Kountzman   |  |   | 13b. MOTHER'S MAIDEN NAME<br>Florence Gamache    |  |  | 14. NAME OF HUSBAND OR WIFE<br>Mildred Kountzman                       |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |  | 16. SOCIAL SECURITY NO. None  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Mildred Kountzman   |  | ADDRESS<br>Imperial, Mo.   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  |   |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>6 days  |  |
|   |  |   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Uremia |  |  |   | 14 days   |  |
|   |  |   |  | DUE TO (c) Hypotension   |  |  |   | 14 days   |  |
| 18. OTHER SIGNIFICANT CONDITIONS<br>Due to: Ruptured Abdominal Aorta<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |  |  |  |  |   |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |  |   | 451K  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |  | 21f. HOW DID INJURY OCCUR?   |  |   |   |  |
| 22. I hereby certify that I attended the deceased from Nov. 26, 1955, to Dec. 2, 1955, that I last saw the deceased alive on Dec. 2, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.  |  |   |  |  |  |  |   |   |  |
| 23a. SIGNATURE<br>C. Vermillion, M.D.   |  |   |  | (Degree or title) M. D.  |  | 23b. ADDRESS<br>BARNES HOSPITAL  |   | 23c. DATE SIGNED<br>12/2/55   |  |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Removal  |  | 24b. DATE<br>12-5-55  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Sunset Burial park   |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis County, Mo. |   |   |  |
| DATE REC'D BY LOCAL REG.<br>DEC 5 1955  |  | REGISTRAR'S SIGNATURE<br>Carl Smith   |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Southern Funeral Home<br>6322 S. Grand Blvd. |  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *David Van Fossan*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.